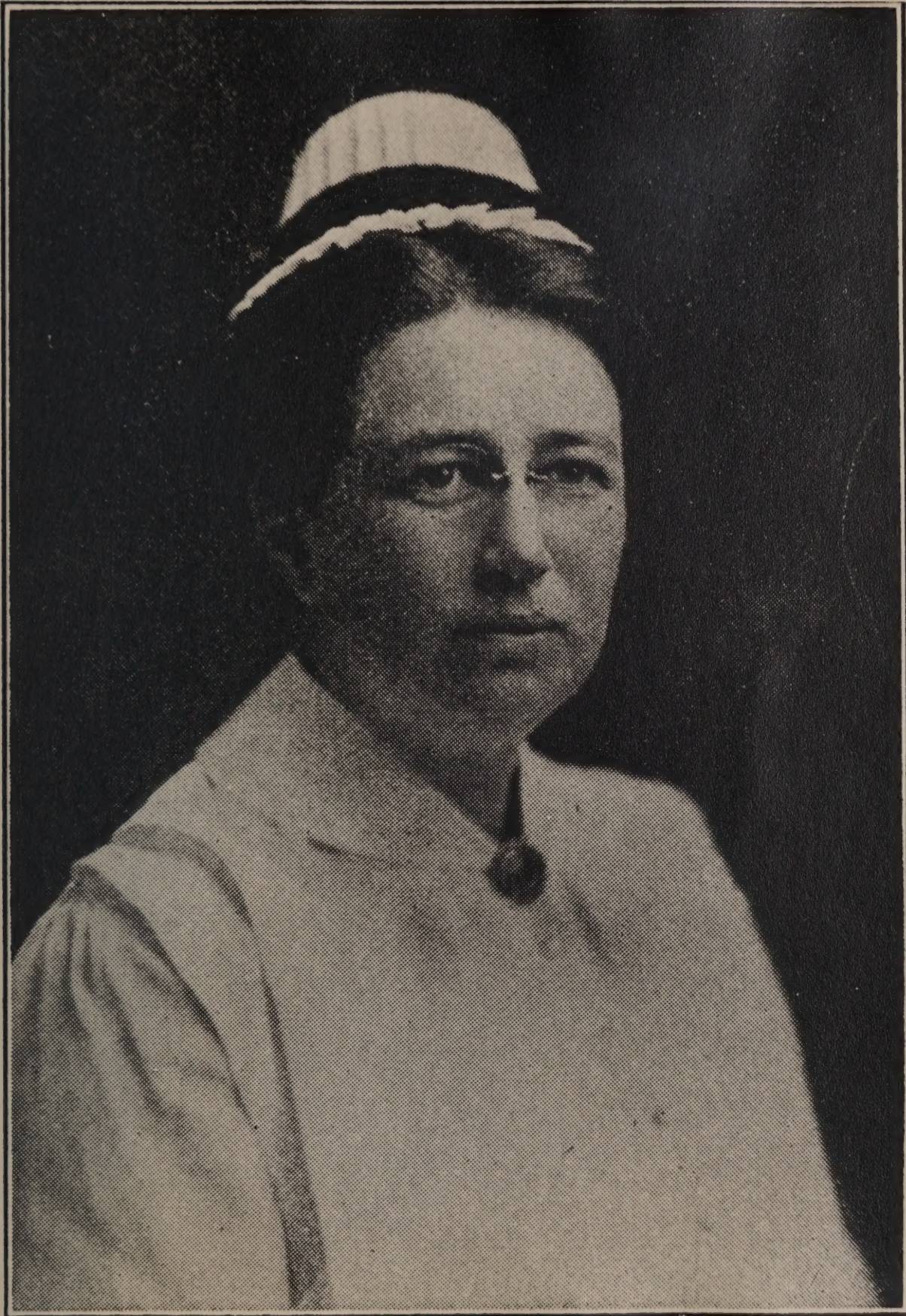


1 D11 Helen Wood 1917-1919, 1931-1932 (actuary)



Helen Wood (Class of 1909)

Graduate, Mount Holyoke College.

Massachusetts General Hospital Training School for Nurses, 1909.

Degree M.A. at Columbia University, 1914 (?)

Glenfell
Glenfell Mission, Labrador, summer 1911.

Assistant Supervisor of Faulkner Hospital, 1911.

Superintendent of Training School of Children's Hospital, Boston, 1914.

Acting Superintendent of Nurses, Massachusetts General Hospital, 1917-1919.

Director of School of Nursing at Washington University, Saint Louis, MO., 1919-23.

Director of School of Nursing at University of Rochester, (Strong Memorial Hospital)
1924-1931.

Acting Superintendent of Nurses at Massachusetts General Hospital, 1931-1932.

Professor of Nursing and Director of School of Nursing, Simmons College, Boston, 1934.

Board of Directors, National League of Nursing Education, 1925-1927.

Positions held

WOOD, Helen D.

Degrees:

School of Nursing MGH - Class of 1909
Graduated from Dept. Nursing and Health, Teachers College - (Q.R. 6/14-p.23)
Mt. Holyoke College, Mass. B.A. n.d.
Conferred Phi Beta Kappa on Miss Wood in 1927

M.A. at Columbia University (Q.R. 6/34-p.17)

~~Barnes Hospital, St. Louis, Mo. 1921 (Q.R. 6/21-p. 8)~~

Experience before MGH positions:

Staff Member at Dr. Grenfell's mission, Labrador, for one summer (Q.R. 6/11-p.24)

"Labrador Tommy" (Q.R. 9/12-p. 7-10)

Asst. Superintendent Faulkner Hospital n.d.

Superintendent of Training, School, Children's Hospital, Boston, (Q.R. 9/14-)

Private Duty Nurse for one year

Barnes Hospital, St. Louis, Mo. 1921 (Q.R. 6/21-p. 8)

Instructor in Nursing Education at Stanford Univ., for one summer

Leave of absence for 5 weeks course instructor, Leland Stanford, 1922 (From:
Miss Williams card)

Course in "Supervision of Schools of Nursing", class conducted by Miss Wood
(Q.R. 3/33-p.5)

Books published:

Editor, The Quarterly Record, MGH Nurses Alumnae Association (Q.R. 6/35-p.8)

Offices held:

Member Board of Directors of National League of Nursing Education
Member Rockefeller Foundation Committee for study of Nursing Education
Member of committee on the Grading of Nursing Schools

Served on committee State Board of Nurses examiners both in Mass. and Missouri

President of the N.Y.L. of Nursing Education (Q.R. 3/27-p.22)

Chairman of Nurses Recruiting Committee of Mass. (Parsons, p-130)

Address:

School of Nursing MGH - Class of 1909
Graduated from Dept. Nursing and Health, Teachers College - (O.R. 6\11-p.22)
Mt. Holyoke College, Mass. B.A. n.d.
Conferred Phi Beta Kappa on Miss Wood in 1927

M.A. at Columbia University (O.R. 6\31-p.17)

~~Barnes Hospital, St. Louis, Mo. 1921 (O.R. 6\21-p.3)~~

Experience before MGH positions:

Staff Member at Dr. Grenfell's Mission, Labrador, for one summer (O.R. 6\11-p.21)

"Labrador Tanny" (O.R. 9\12-p.7-10)

Asst. Superintendent Faulkner Hospital n.d.

Superintendent of Training School, Children's Hospital, Boston, (O.R. 9\11-)

Private Duty Nurse for one year

Barnes Hospital, St. Louis, Mo. 1921 (O.R. 6\21-p.3)

Instructor in Nursing Education at Stanford Univ., for one summer

Leave of absence for 5 weeks course instructor, Leland Stanford, 1922 (From: Miss Williams card)

Course in "Supervision of Schools of Nursing", class conducted by Miss Wood
(O.R. 3\33-p.2)

Books published:

Editor, The Quarterly Record, MGH Nurses Alumni Association (O.R. 6\35-p.8)

Offices held:

Member Board of Directors of National League of Nursing Education
Member Rockefeller Foundation Committee for study of Nursing Education
Member of committee on the Grading of Nursing Schools

Served on committee State Board of Nurses examiners both in Mass. and Missouri

President of the N.Y.L. of Nursing Education (O.R. 3\27-p.22)

Chairman of Nurses Recruiting Committee of Mass. (Persons, p-130)

WOOD, Helen D. (Continued)

Director:

~~St. Louis, Mo.~~
Director of School of Nursing, Washington Univ., 1920 (Q.R. 3/20-p.37)
Resigned as Director in 1923 (Q.R. 1923)

Director of School of Nursing, Univ. of Rochester, N.Y.

Director of School of Nursing, Simmons College, announcement made by President Bancroft Beatley (Q.R. 6/34-p.4)

"The appointment coincides with a reorganization of the school from a school of Public Health Nursing to one in which emphasis is placed on the undergraduate preparation of nurses, to meet the changing demands in the professional nursing field." (Q.R. 6/34-p.4)

"Simmons College meets the changing demands in the professional Nursing field. - School under the direction of Helen Wood." (Q.R. 6/34-p.15)

Presented caps to Junior students at Simmons (Q.R. 3/42-p.30) (Q.R. 9/36-p.12)

Retired as Director of Simmons College School of Nursing (Q.R. 9/36-p.12)
4

Positions held at MGH:

Head Nurse n.d.

Director - had charge of School during Miss Johnson's absence of one year
(Q.R. 6/31-p. 3)

Anaesthetist at MGH. n.d.

Supervisor then Asst. Supt. of Nurses and later Acting Supt. of Nurses, 1909
(Parsons -p.114, 115)

Acting Supt at MGH during epidemic of influenza in 1918

Director, interim, one-year - 9/1931 (Q.R. 6/31-p.3)

(SOURCE: From "Sketch" in Miss Wood's folder written by Grace L. Reid)

WOOD, Helen D. (Continued)

Founded a School of Nursing as an integral part of the medical development at
Univ. of Rochester.

Founded of School of Medicine and Denistry, Rochester, Univ.

Building of Strong Memorial Hospital and Rochester Univ. Hospital

Tribute, editorial, departure of Miss Wood. - going to Barnes Hospital, St.Louis
Supt. of Training School (Q.R. 12/19-p.3 and 4.) (Also Miss Williams
card)

In honor of Helen Wood named nurses' resident "The Helen Wood Hall", Rochester
School of Nursing, Rochester, N.Y. (Q.R. 6/35-p.12)

Massachusetts General Hospital Training School
for Nurses.

BOSTON, *Aug. 17* 1906.

M *is Helen Wood*

DEAR MADAM :

Your application for admission to the Training School has been accepted. A vacancy is offered you on *Tuesday Sep—*
tember 18, 1906, and I should like
you to arrive on that date by 4 P.M.

An immediate answer is requested, stating whether you can accept it or not. If you accept the vacancy, please do not destroy this paper.

If anything occurs to interfere with keeping the above engagement, or there is a change in your address, you will kindly notify me immediately.

We require the probationers to bring three light-colored ^{*blue & white*} cotton dresses, plainly made; standing linen collars; eight aprons of white cotton sheeting, two yards wide, coming within an inch of bottom of dress skirt, hem six inches wide, fastened by two buttons at band; a napkin ring; two bags for soiled clothes; and well fitting boots. The underclothing must be plainly made, and *indelibly* marked on band or front of garment with full name.

When accepted (after the months of probation), pupils must provide themselves with a watch with second hand, rubber heels for boots, a flannel jacket that can be washed, and the uniform of the school.

If the teeth are out of order in any way, or glasses are required for the eyes, they must be attended to before coming for the probationary months.

The cotton dress and apron must always be brought with hand luggage, as delivery of trunks may be delayed.

Yours very truly,

Pauline L. Dolliver

Supt. Training School.

Section 12

12.12.12

Dear Sir,

I am writing to you regarding the training school for nurses at the Massachusetts General Hospital.

The school is held at the Massachusetts General Hospital, 77 Avenue Louis Pasteur, Boston, Massachusetts.

The school is held for the purpose of training nurses in the various branches of nursing.

The school is held for the purpose of training nurses in the various branches of nursing. The school is held for the purpose of training nurses in the various branches of nursing. The school is held for the purpose of training nurses in the various branches of nursing.

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EDITH CAVEL — MARIE DEPAGE

Memorial Fund

Under the patronage of the King of Belgium a committee was organized a few months ago to secure funds for the erection of a hospital and monument in Belgium, to commemorate the names of Edith Cavel and Marie Depage. This hospital is to be modelled along the lines of the most advanced American institutions, and is to be called "The International," in recognition of its donors.

The whole world knows of Edith Cavel and her heroic life and sacrifice. Many of us in Boston met Marie Depage, the wife of Belgium's famous surgeon, when she came among us, to tell in eloquent words, the needs of her brave country. Laden with gifts from America, she embarked on the Lusitania, and died, calmly giving aid to a wounded fireman.

The King and Queen of Belgium are soon to be in Boston, and we urge all who receive this appeal to send their contributions by October 6th, in order that their Majesties may be informed personally of the amount received.

Mr. Allan Forbes, Treasurer, 33 State Street, Boston, has kindly consented to receive contributions for the "Edith Cavel - Marie Depage Fund."

ISABEL ANDERSON (Mrs. Larz Anderson)

MARGARET D. PORTER (Mrs. C. A. Porter)

The General Committee includes

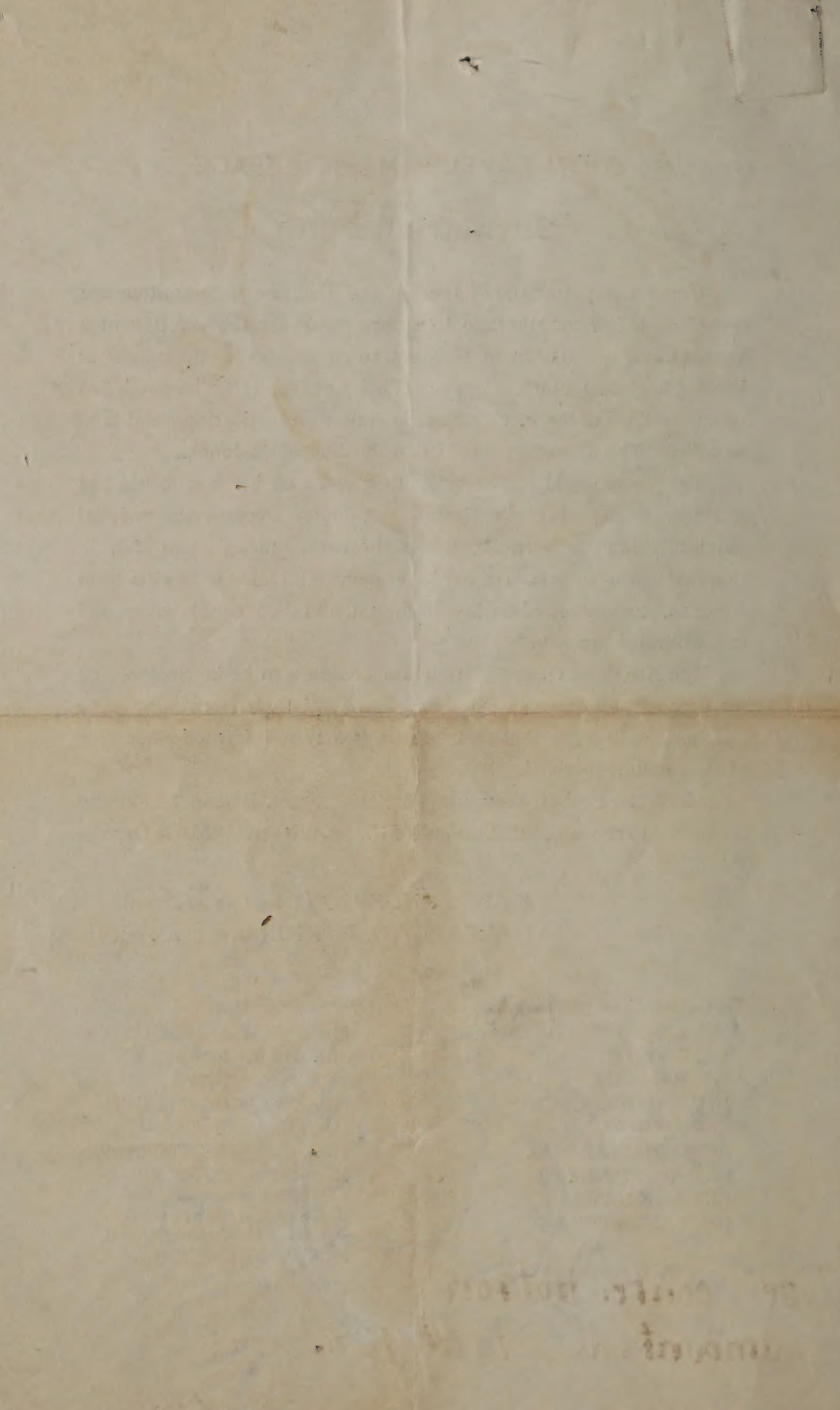
MR. BRAND WHITLOCK
MR. ASQUITH
MR. BALFOUR
MR. LLOYD GEORGE
EARL CURZON
BURGOMASTER MAX
BARON MONCHEUR
DUKE OF URSEL
MR. VANDERVELDE

Boston Committee

MRS. LARZ ANDERSON
MR. ALLAN FORBES
MRS. S. J. MIXTER
MR. EDWARD BLOEKEL
MRS. C. A. PORTER
MRS. CHARLES STORROW
MR. REDDINGTON FISKE
Belgian Consul
GLOSTER ARMSTRONG
H.B.M. Consul-General
MISS HELEN WOOD

Our contribution
amounted to \$128. —

76.10.





© BACHRACH

HELEN WOOD

HELEN WOOD

Helen Wood was born in Newton Center, Massachusetts, and was the eldest of three children. She was educated in Newton Public Schools, and after high school went to Mount Holyoke College where she was awarded the degree of Bachelor of Arts.

She has always aimed high, therefore when she decided to enter a school of nursing it was only natural that she should choose one with the excellent reputation which the Massachusetts General Hospital Training School for Nurses has always enjoyed. Those who knew her as a student and in the days of her early graduate experience there say that although she always seemed to be very busy with reading and writing, she was never too busy to be gracious and friendly.

After her graduation from the school of nursing in 1909, Miss Wood's professional experience was as follows: anaesthetist at Massachusetts General Hospital; staff member at Dr. Grenfell's mission on the coast of Labrador for one summer; assistant superintendent at Faulkner Hospital; superintendent of nurses at Children's Hospital, Boston; private duty nurse for one year; supervisor, then assistant superintendent of nurses and later acting superintendent of nurses in her own school; director of the school of nursing at Washington University, St. Louis; director of the school of nursing at University of Rochester, New York; for the second time acting superintendent of nurses at Massachusetts General Hospital; instructor in nursing education at Stanford University for one summer. She is at present Director of the School of Nursing at Simmons College where she was summoned during the reorganization in 1934.

Miss Wood has given generous support and service on the state board of nurse examiners both in Massachusetts and Missouri, as President of the New York League of Nursing Education, as a member of the Board of Directors of the National League of Nursing Education, and as a member of the Rockefeller Foundation Committee for the Study of Nursing Education, and the Committee on the Grading of Nursing Schools.

Some challenging opportunities have been granted to her, one of which was founding a school of nursing as an integral part of the medical development at the University of Rochester. The founding of the School of Medicine and Dentistry there, the building of Strong Memorial Hospital and Rochester Municipal Hospital, and the initiation of the school of nursing paralleled each other during the years between 1920 and 1925. Those whose privilege it was to work with Miss Wood during this period know with what infinite care she planned not only the details of organization and administration of the school but also of the residence which furnished the attractive home environment in which students and staff were to live, and which since has been christened Helen Wood Hall.

Other prominent members of the profession have had the opportunity of organizing schools of nursing, but probably Helen Wood is the only one who had the unique privilege of sharing, with other heads of departments, a suite of offices in the Research Laboratory otherwise known as the "animal house." Today the former office of the director of the school of nursing is filled with cages and resounds to the barking of dogs and the squealing of guinea pigs, but in the years between 1923 and 1925 it was a very different sort of research laboratory. Here architects' plans were studied with great care, school policies were formulated, applicants were interviewed, and many momentous decisions were made. Needless to say there were numbers of trying and rather ludicrous situations which required the wisdom and cooperation of unusual people, and which were overcome largely by Miss Wood's ability to make quick decisions, to maintain poise, and to preserve good humor. She was never too elated by success nor too depressed by failure.

Ensuing years bore out the discovery made in those days that she was a surprisingly versatile person, having an unusual liking for domestic activities

(she can make delicious muffins), for gardening, for picnics, for concerts; in fact, her interests are unusually varied and extensive. In this day of specialization, it is refreshing to find women who are as practical as they are academic, and Miss Wood's ability to maintain her enthusiasm is largely due to the fact that her horizon extends well beyond her profession.

As we have seen her progress from one position of responsibility to another, there has seemed to be a certain inevitability in each appointment. She is the type of person who makes the best possible use of her experience in any position. While administration has been her major forte, teaching has been a natural accompaniment to her duties in administration, and marked success has been hers in each of these fields. Her students have been treated as individuals as nearly as that can be accomplished in the institutionalized life peculiar to hospitals. She never gives the impression of being hurried, and when any one goes to her for advice she is made to feel that her problem is the most important item in the day's agenda. Time, a desk covered with papers which represent daily routine, and the prospect of a busy day seem to be inconsequential as long as there is an opportunity to help some one. Whether or not her tasks are pleasant she attacks them with an enthusiasm and a determination which is bound to result in some contribution or benefit to her group of co-workers and the profession at large. This enthusiasm is readily communicable to her staff, and many a young head nurse and instructor has owed much to Helen Wood for her kindly advice and encouragement.

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Miss Sally Johnson gives us a vivid picture of Miss Wood as a head nurse at Massachusetts General Hospital, which bears out the general impression of her efficiency. "I remember Miss Wood as a head nurse who always administered her ward in such a way that we as students could work expeditiously; there were supplies, explicit directions, a placing of responsibility, expectation of our discharging that responsibility, a feeling of her confidence in us, of our confidence in her, always an attitude that we would be able to carry through, no criticism of administrative or medical staff, a certain enthusiasm combined with the joy of living. Her orders were clearly and neatly written, the ward itself and all of its service rooms were in order. There was a finish to it all. . . . Without apprehension she endures what cannot be cured and believes that some of those things which must be endured will probably not kill us after all."

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Nursing as a profession has made commendable strides in the last twenty-five years due to the indefatigability, courage, and vision of its leaders. So long as such women as Helen Wood are responsible for ideals and standards we can feel assured of inspired leadership and reasonable progress even though there may be tremendous odds to overcome.

GRACE L. REID



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GRACE L. REID

Miss Sleeper

June 28, '47.

Helen Wood

1036 Walnut St., Newton Highlands, Mass.

JUN 30 1947

Dear Miss Sleeper -

I'm cleaning house!
a continuing job, but at this
stage I'm on a book eliminating
spree.

Would you like any of the
enclosed for the library? Most
editions I think are too old
and should go for old paper.
But before doing anything so
drastic, I'd like to make them
available for anyone who may

want them.

If someone can check in the margin any copies that should be in the museum library I'll get them in to the hospital room day. Please don't be afraid to say "no" to the whole bunch if you think they are too antique. I'm tired of seeing museum libraries filled up with left-overs.

I was hoping that you were already on that vacation, but just learned that you do not go until the 4th. Have a good rest. If any mortal needs it, you do. Affectionately Helen Wood

December 8, 1964

Joseph C. Aub, M. D.
Massachusetts General Hospital
Fruit St.
Boston 14, Mass.

Dear Dr. Aub:

I am glad indeed to write you about Miss Helen Wood. She has been retired now for many years, and has been living in her family home at 1036 Walnut Street, Newton Highlands. Her telephone number is La-7-5864.

Miss Wood has not been really well since she retired from Simmons College in the 40's, and she had for many years an invalid sister who lived with her. Her spirits have not changed, she does get out some. I think if you should talk with her you would find her sounding over the telephone very much like the Helen Wood you once knew. I am sure she would love to have a call from you.

Miss Wood does not get into town very much any more, because it is too hard for her to travel. So, we do not see her at our meetings, but we know she is with us and that she is interested in our progress. She made a very great contribution to nursing in Rochester, New York at the Strong Memorial, and the University of Rochester where she started a school, and at Simmons College where she really got their school organized on the more modern plan. All this was of course in addition to what she did sometimes here and sometimes away from here, but for us as a school at MGH.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

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1. The first part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation

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1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

1. The first part of the report is a general statement of the purpose of the study. It is to determine the effect of the new teaching method on the learning of the subject.

1990-1991

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Dec 1 /64

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Ra 7 5864

Miss Ruth Sleeper

Dear Miss Sleeper

One of my enthusiasms in the nursing world has always been Helen Wood! We worked together in Sahador in the summer of 1911(?), and she was ahead of me in medicine and was wonderfully kind to me! Of course her subsequent career in nursing was very handsome. I lost track of her many years ago but I have always been devoted to her. I would like very much to know about her mature years. Is she still alive? - and if so, where? Certainly she has added much to the respectability of medicine - and nursing in our life time.

You probably know all about her life - so that this ought to be no hardship. I do not want to add to your overworked life! If she could be greeted I want very much to know how I can do that. She ought to be about 80 now!

Thank you very much!

Joseph Aub

VALUE OF CLINICAL METHOD OF TEACHING IN NURSING SCHOOLS
AND HOW IT CAN BE ORGANIZED.

In our training schools for nurses, more than in almost any other kind of school, do pupils have the opportunity of seeing theory and practice taught side by side; and in no better way can we correlate theoretical and practical teaching than on the wards of our hospitals. Yet in spite of this open field, we have often failed to make this correlation, and the student nurse whose idea in coming to the hospital is to learn to care for the sick finds her chief interest in the wards, and pigeon-holes much of her instruction in a part of her experience labelled "theory only" and associates it with text books, blackboards, microscopes, and class rooms in some part of the day's program, disassociated with her chief business--the care of the patient.

In our efforts to train nurses we have frequently been in despair over more than one pupil who shows a keen interest in her ward work, and yet who is obviously bored in class or lecture room.

The most simple solution then to such a problem is to transport the pupil, whenever possible, to her ward where she acknowledges her interest, and substitute the patient for the text book. Fifteen years ago the majority of training schools had all their practical teaching done on the wards, either by instructors or head-nurses, or even by senior pupils; and the young nurse learned from the beginning to care for sick people by working with the patient. Such methods have their advantages as well as their

disadvantages. The Chase doll with its many relatives of rag and rubber is a fairly recent asset to our teaching force, and came to existence when the necessity of larger classes and more carefully worked out technique came into existence. But in being driven from the ward to the class room we lost two things of great value to beginning students:-the personal equation of the patient, and the hospital atmosphere which undoubtedly holds the interest of more students than does the atmosphere of the class room.

Why then should we not bring some of our teaching back to the wards? It is impractical to carry on the instruction of the probationers in this way. The preliminary period which is spent for the most part in the class room has proved itself as the best way to handle large groups of untrained pupils, both from the view-point of the student and of the patient. But after the latter part of the first year of the course, there is a distinct advantage in taking the nurses to the wards for their routine instruction. Why teach them typhoid fever and pneumonia in the class room alone when an hour's visit in the medical wards, with a teacher who there has at his hand typhoids and pneumonia in different stages of the disease, will present a real picture that cannot be forgotten or confused with others? An hour's description of Erysipelas will never make the impression that is made by one minute's look at the red, swollen face of the patient

There are several points to be remembered in this clinical method of instruction. First of all, the group must be small enough to be able to gather around the patient to hear the instructions and observations of the teacher without his having to raise his voice, and be heard throughout the ward. It will sometimes be advisable for the members of the class to feel of the tumor, or to try to use the stethoscope, and then too large a group would be tiring for the patient. Fifteen students at a time can be well managed. Twenty students become a cumbersome group, and it is almost impossible to hold the attention of a much larger number with this informal method of teaching.

The interest for the Instructor in this type of teaching depends very much upon his personal contact with both students and patients, and the larger the group the less can he learn to know the individual nurse and hold her interest.

The question arises as to whether the patient should hear the discussion of his own case. This matter must be left to the doctor conducting the clinic. Very often it is a perfectly wise thing to let the patient hear it all. He is the one most interested, and he often makes very helpful observations on his symptoms, such as we would never find in a text book or hear from a third person. If not too sick he generally enjoys the procedure of a clinic. If a patient is too ill, or for any reason should not hear too much concerning his disease or his own condition, discussion of the case should be held outside

of the room, the bedside clinic being short and general, probably without the patient even being touched. The mere actual picture of the very sick person will help to fix in the mind of the young nurse the preceding or succeeding discussion of the disease.

Clinical instruction is one of the best ways of training a nurse's observation. Sometimes the doctor makes the observations for the class: again he may ask them to make the observations after seeing the patient and perhaps talking with him. The making of diagnoses is made without the province of a nurse, and yet the same drill that is used to train the observation of a medical student is not out of keeping in the training of a nurse. In our large hospitals our young nurses have so many superior officers immediately at hand to take responsibility;—the senior nurse, the head-nurse, and house doctors, that they often do not have the experience in observation that is forced upon the pupils of a smaller school, where there is no house doctors present, and where the head nurse in the ward has a much more varied scope of work and, therefore, less time to supervise the pupils than is true in a large hospital.

Here is our chance to develop this point. Perhaps the Instructor has been teaching pneumonias: he may take the class into the ward and let them by observing a number of patients without the aid of charts, determine which are the probable pneumonia cases. Nothing will make them more keen in observing symptoms, which is one of the nurse's chief duties as an aid to the physician. It may be that a new kind of case is to be studied. If the nurse has watched the patient, talked with him, observed his general appearance, noted his complaints and

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In our large hospitals our young nurses have so many suggestions elicited immediately at hand to take responsibility; the head nurse, the head-nurse, and house doctors, that they often do not have the experience in observation that is forced upon the pupils of a smaller school, where there is no house doctor present, and where the head nurse in the ward has a much more varied scope of work and, therefore, less time to supervise the pupils than is true in a large hospital.

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abnormalities, she has a much keener interest in the doctor's instruction in that kind of case. In large groups, however, it is very hard to allow the time for the nurses to make these preliminary observations.

Another point to be considered is the time of day to be chosen. In order that the clinic may not be distracting to either the patient or the ward routine, it should be held at the most quiet time of day, when visitors or doctors are not as liable to be around. Certainly these classes should not be at meal hours. Experience has shown, however, that they make very little disturbance on the ward, particularly if the head nurse knows beforehand that patients are to be used in the clinic. She can then see that the ^{6th} patients are attended to and made comfortable, and that the duties of the nurses in the ward are so planned that there is no interruption to their routine.

One almost essential element in this type of instruction is the follow-up quizz, to make sure that the points of instruction have been understood, and that the students may be conscious during the exercise that the work is of such importance it requires a checking-up. This quizz would best be conducted by a nurse instructor who shall have attended the clinic. She will then have an opportunity to review with the nurses the nursing care of the cases that have been studied.

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The question of Instructor will vary in different types of institutions. In the large hospitals, that is the teaching hospitals for medical students, it is not difficult to find some medical school Instructor who can make time for clinical work with the nurses. In a small hospital it is almost always noted that the staff are expected to help with the instruction of nurses, and *they* generally feel quite interested to do so. It is not at all reasonable, however, in either case, to expect that such a course can be given without paying the doctor for it. If the classes are large and have to be divided into several groups, it would mean just that many sections a week to be given, and we can never plan on one section being the duplicate of the previous class, because the cases in the ward change from day to day, and the teaching material must, therefore, be arranged for each particular section. *All this takes time in preparation.*

The doctor goes to the ward early in the day, or possibly the afternoon before the class assembles, to look over the patients and decide which ones will be available and practical for teaching purposes. He then leaves a note with the head nurse as to which cases he will use, in order that everything may be in readiness for him the next day. It is quite important that the same teacher should have the class throughout the year, in order that he may make sure that the important types of medical ^{or} ~~and~~ surgical diseases shall be covered. By co-operating with the head nurse she can often call his attention to interesting cases which are admitted *to the ward.*

In some instances a doctor may not be available for these classes. Nevertheless this system of clinic instruction can be carried on by the nurse instructor, although it seems that a doctor with his wider knowledge of medicine and surgery would be preferable. There are some hospitals where a suitable doctor would not be available, and where the one nurse instructor has far too much to do to take this added work. In such instances the head nurse is always available and will generally be interested if she is given enough assistance in the ward to spend the time in teaching on her own ward.

If in the larger schools the classes have to be divided into three or even four sections, it is quite an item for the instructor who must accompany the classes and conduct the corresponding quizzes. One of the problems that has arisen with the development of our preliminary course in training schools is that the teaching of nursing procedures is limited to the probationary period, and very often there are no further classes during the whole course in nursing technique. The clinical method of instruction, therefore, gives one of the best opportunities possible for a review. If this increases the instructor's schedule unreasonably, the situation presents a very good opportunity for the use of a senior pupil as an Assistant; for no matter how interesting a clinic may be (and it is one of the most interesting forms of class work for a nurse) an instructor is bound to be more or less bored by having to watch the same group several times a week, particularly if she has one set of students in surgical clinics,

and another in medical clinics.

Methods of instruction in nursing education are much under discussion to-day; and we have all manner of critics, from the extremist who claims that our teaching is growing too theoretical and borders on the realm of medicine, to the radical who argues that we spend too large a proportion of time and energy in the routine practical instruction of nurses. Could not this clinical method of teaching help to answer this realm of problems? It will keep a practical background to our theory, and emphasize the scientific aspect of the every day work on the wards with the patients, unifying in the mind of the student nurse the various phases of her curriculum in a way that is hardly possible in any other field of education.

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Superintendent of Nurses

School of Nursing

